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16 JUL 25 PM 4:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 JUL 25 PM 5:48
TALLAHASSEE, FLORIDA

JUL 26 2016
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MILANO DA SOLE, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

IRINA PILIPCIUC

Name of Person

MILANO DA SOLE, LLC

Firm/Company

13819 WALSINGHAM RD, STE # F

Address

LARGO, FL 33774

City/State and Zip Code

IRINA.PILIPCIUC@ICLOUD.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

IRINA PILIPCIUC

Name of Person

516
at ()
Area Code

410-9400

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

MILANO DA SOLE, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01/30/2015 and assigned
Florida document number L15000018120

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

13819 WALSINGHAM RD, STE # F

LARGO FL 33774

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

13300 WALSINGHAM RD, APT # 42

LARGO FL 33774

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

IRINA PILIPCIUC

New Registered Office Address:

13300 WALSINGHAM RD APT # 42

Enter Florida street address

LARGO

City

Florida 33774

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.


If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	IRINA PILIPCIUC	13300 WALSINGHAM RD 42	<input checked="" type="checkbox"/> Add
		LARGO FL 33774	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JAN SAVINKO	13300 WALSINGHAM RD 42	<input type="checkbox"/> Add
		LARGO FL 33774	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	IRINA PILIPCIUC	13300 WALSINGHAM RD 42	<input type="checkbox"/> Add
		LARGO FL 33774	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

16 JUL 2004
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

PLEASE REMOVE JAN SAVINKO FROM THE COMPANY, NOW IRINA PILIPCIUC WILL BE MENAGER

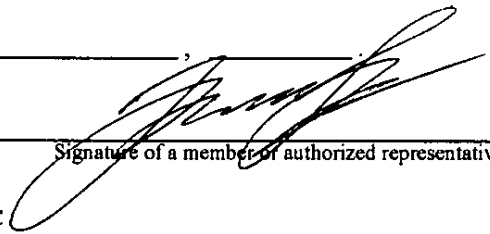
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated 07/21/2016



Signature of a member or authorized representative of a member
IRINA PILIPCIUC

Typed or printed name of signee

16 JUL 25 PM 4:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED